DI ARTMENT OF CORRECTIC

EMERGENCYI SHOW TREATMENT NECORD

☐ EMERGENCY

	5C	C	LEMERG	
DATE TIME FAC	/LLII		_ □ OTH	ER
9-27-01 82 00	SIR DPDL DES			
1-21-01		CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR	□ SHOCK □ HEMORI	RHAGE COMA
Alle A		GOOD FAIR DPOOR	DECLICATE	
ALLERGIES NK/F 97.5		PULSEB/P	90160 RECHECKIF	No Sat 97 %
VITAL SIGNS: TEMP CONTROL RECTAL RESP.	20	PULSE B/F	<100 > 50	•
VITAL SIGNS. TENI.			BURN XX FRACTURE Z LA	CERATION/
NATURE OF INJURY OR ILLNESS		ABRASION/// CONTUSION #	Z Z	SUTURES
	0- 1.2			
. Heart fluttering + mi	lest -		_	
in a course must	ile and		C	
side is great	Der.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Į, -	12
I want to see a	791		'ار	F/L
want lastine weights	<u> </u>			-
(Was suffered)			().	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		1 / \ \ \ \	117	· /_//
		1	//\('() \
		4 [] [] []	1) [. 1 / / /
1 12 0		11/1 , 1/1	<i>] </i>	111
PHYSICAL EXAMINATION		1) \(. l . \\ \	1 211	VIIN
	lelem.	14.11 N 161	1 7,11	1 hit
ambulates c. no pre		1°W1 /\) w	'w	1 1 000
HR regular 5 ske	po pe	-	\	$I \setminus I \cup I$
10 11 000 001	13080)	
flutters - cap. supp			/ *	1
Or enches well - Pie	ese in	-		
a Lit to Cla Rlarm	numbe.		. / (
Refroit + 90 191	ane-	1) () () (} {
In no apparent in	<u> </u>		/ 1	(a)
Ristress - Very Son	nalie-		"Let"	<i>O</i> .
11 12 22 Organiero	etwe -			٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
40 Co- Day - Wight	C/2 MAY 1	nols- Many	Complain	10-
Go Tood Chow hall	70 100	1 (2)	16 mand	challars -
ORDERS MEDICATION, etc. States anten	& to se	u for 809	Mousarco	70 CC 6750
4 0 0	20 100 to	0		
A. alteration in con P. Refer Chart to	WHO C	for comple	aints	
O Pede Chart to	NV	TTO CONGRE	<u></u>	
Property		0		
			- Calculation and profession	
DIAGNOSIS				
<u> </u>				
INSTRUCTIONS TO PATIENT		•		
		COSED TO GLOOC	CONDITION ON DISCHAF	RGE
	RELEASE/TRANSFE	D AMBULANCE	☐ SATISFACTORY L	POOR CRITICAL
AM PM			E.3 1 7 687 1	OTHERONIC
9 1 2 1 101	PHYSICIAN'S SIGN	ATURE DATE	CONSULTATION	
NUMBE'S SIGNATURE	MULL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[2W)	
& Many Rr 170/	11-11-	AGE DATE OF	BIRTH R/S	AIS#
PATIENT'S NAME (LAST, FIRST, MIDDLE)		7.02		ANDANI
and Contract		19	D	208921
I Kail Liminian				

EMERGENCY/ SHC W TREATMENT RECORD

			□ EMERGENCY
D		SCAPEF D	GOTHER .
	7-8-01 0-3 FM	CONDITION ON ADMISSION	□ SHOCK □ HEMORRHAGE □ COMA
A	ILLERGIES WKA- ORAL ORAL RESP. //	PULSE 68_ B/P //	RECHECK IF SYSTOLIC <100 > 50
			BURN XX FRACTURE Z LACERATION/ SUTURES
	Heart bu fluttering & Clix	ged (
-	up'		
 - - - - -			
) ,	PHYSICAL EXAMINATION V5 WNL - & diaphoresis NO N/V - & 5/5 Cardia Problems		Tun \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A-	ORDERS, MEDICATION, etc.		
P.	no ty necessary-		
	(Referred to mental the	alth for Com	plaints)
	DIAGNOSIS Relu		
	INSTRUCTIONS TO PATIENT LETUS TRANSCEP DATE TIME RELEASE/TRANS		CONDITION ON DISCHARGE
	RELEASE/TRANSFER DATE AM AM AM AM AM AM AM AM AM A	D AMBULANCE	FAIR CRITICAL CONSULTATION
	Marse's SIGNATURE PART BIDGE	MO 9/10/	0) (/604 BIRTH R/S AIS#
	PATIENT'S NAME (LAST, FIRST, MIDDLE)	19	B 208921

D. PARTMENT OF CORRECTIC. S

EMERGENCY/_____TREATMENT RECORD

	11	<u>/</u>			☐ EMERGENCY	
DATE TIME	FACILITY XXXX	CCAPEE D			QLOTHER	
8/29/01 AM PM	SIR PDL DE				преттеп	
ALLERGIES N/CA		CEGOOD D			HEMORRHAGE	
VITAL SIGNS: TEMP 77 PRECTAL RE	esp. <u>20</u>	PULSE_(84 BIP 10	SYS <1	CHECK IF STOLIC 00 > 50	
NATURE OF INJURY OR ILLNESS		ABRASION///	CONTUSION# 8	BURN XX FRACT	URE Z LACERATION	SUTURE.
5- My Chest husts of warder in Chest skin warm lungs clear Dy Sat 9 DAID Stones Wornal PHYSICAL EXAMINATION LY CURE OF THE PHYSICAL EXAMIN	to the st. oky of N/V lake hotress			xx		SUIDHE.
((A) (A) (MP)	RELEASE/TRANSFERF	Ð AMB	ULANCE 17-8/	DITION ON DIS	CHARGE POOR CRITICAL	
0 / 01 /01	PHYSICIAH'S SIGNATI	RE AA	DATE CON	SULTATION	CHITICAL 1	
WH Anth 43 /29/05	Al Jam		0 8 59/0	1 (3)		
PATIENT'S NAME (LAST, FIRST, MIDDLE)		AGE 19	DATE OF BIRT	B	$\begin{array}{c c} & AIS # \\ & & & & & & \\ & & & & & & \\ & & & &$	892/

PARTMENT OF CORF CT INS

EMERGENCY/	TREATMENT RECORD
(OTHER)	A
SIR POL DE	
7/19/01 020 PM) 2011 2752 EE	CONDITION ON ADMISSION
ALLERGIES NKA	GOOD FAIR POOR SHOCK HEMORRHAGE CO
VITAL SIGNS: TEMP 77.6 RECTAL RESP. 16	PULSE 76 B/P 126 92 RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/
5. "My heart is nurting"	xx xx SUTUR
PHYSICAL EXAMINATION	
V/S wil hespiesed	Two Two
problem & evidence of cardence problems At 0 x 3 Skin wt D touch	
A) Alteration in confort	
ORDERS, MEDICATION, etc.	
2) Bed rest for renewader of day	
The state of the s	-
·	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	-
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED	TO DOC CONDITION ON DISCHARGE
5/19 (b) 8×3-00 506	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE Out of the state of the	- Unition
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#
Boyd Constrain	19 BM 208921



Release of Responsibility

Boyd Courtney Name of Inmate	5/6/01
Name of Inmate	Date / /
208921	
Inmate ID Number/Date of Birth	
I hereby refuse to accept the following treatment / re	commendations:
	• •
I acknowledge that I have been fully informed of and and the risk(s) involved in refusing. I hereby release and agents from all responsibility and ill effect which	I understand the above treatment(s) or recommendation(s) and agree to hold harmless NaphCare, Inc., its employees may result from this action.
war & 600 12 0852)	Brech Low
Inmate Signature	Witness
5/6/01	
Date / Time /	_
The aforementioned inmate has refused the listed methis form.	dical treatment(s)/recommendation(s) and has refused to sign
Witness	Date / Time
Witness	-

Department of Corrections Emergency/____SHCU___Treatment Record Date SCC AM Facility ☐ Emergency SIR PDL Escapee . ☐ Other Condition on Admission ☐ Good ☐ Fair ☐ Poor ☐ Shock ☐ Hemorrhage ☐ Coma Vital Signs: Recheck if Systolic < 100 > 50 __ Pulse __76 Nature of Injury or Illnes Abrasions /// Contusion # Burn X Fracture 7 Sutures Physical Examination Diagnosis Instructions to Patient Release/Transfer Date Release/Transfer Date O Doc Condition on Discharge Satisfactory Fair O Poor Consultation 1200) R/S Yellow - Transfer Agent

Depa	artment of C	orrections—	
Emergency/_	SHC/L (Other)	Treatment R	lecord
Date // Time AM Facil	200		☐ Emergency ☐ Other
Allergies / UKA	Conditi	on on Admission	Shock
Vital Signs: Temp 97, 9 Oral Rectal Resp. 2	4. Pulda 28	/	Recheck if Systolic < 100 > 50
Nature of Injury or Illness Cla Chart	Tuise	B/P/ 8	
Heart flitting " " Il's	n dying!	ÿ- ¿	
Physical Examination of the second			
Cletching (1) side of chest-age hugewintlating - thrasker stracker - U/S WNL - lung			The Wit
to Colon down and stone	to instruction		/
Hx Many episodes simular All EKG's Normal - Had saye	To this		
affene 101 -	Status a this to	- L	En (m)
Orders, Medication, etc.			
(PM), Kecum	·		
Diagnosis			
Instructions to Patient			
/ / PM	se/Transfer Date ODoc O Ambula	Condition	on Discharge ctory O Poor O Critical
Nurse's Signature Date Physic Abech Gran 1561		Note Consultati	
Patient's Name (Last, First, Middle)	Age [001 15 AIS# 21M 208921
,	- Medical Record Vallow	Transfer Asset	-11. 120016

DE. ARTMENT OF CORRECTIC .S

EMERGENCY/ SHOUL TREATMENT RECORD

DATE A TIME	FACILITY State	An		□ EME	RGENCY
مام مام	STO GOOP AM SIR PDL DESCA			₽6	THER
OISIUI CO / PM		COMDITION ON AL	OMISSION		
ALLERGIES DICA-				SHOCK - HEM	ORRHAGE □ COMA
VITAL SIGNS: TEMP 98.0 ORAL RECTAL RI	ESP. 20.	PUISE 78	В/Р_100	160 RECHECK	(IF
	DA STO	UF 98%		<100 > 50)
NATURE OF INJURY OR ILLNESS		ABRASION/// CO	NTUSION# BUI	RN XX FRACTURE Z	LACERATION/ SUTURES
S. Chest. hearting	Reeps				
Trustering		٧- الر	\rangle	(
		() I			
PHYSICAL EXAMINATION O. AMB to SHELL re Skin Up to touch	sp. ceas	etz!		Tww (
May Clear Office.	has	/	<i>i</i>) ,	
14 of Enronee com of chest seems \$46 88 aprol pulse to too	plants Dr +x toda H ache	um ((In)
Co Dausea p Vomittini	1 ELG COM	<u> </u>			
7/18/01, 7, 20/01, 5, 13,01, 1 ORDERS, MEDICATION, etc.	110/01 NADA	ν <u> </u>	· 		
A stercetion in C	emfort.				
P. DAL.D & ROWE	111		<u> </u>		
os. FTC meds F	74 1	ew			
3)errol	/				
-					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
	RELEASE/TRANSFERRI	ED TO POOC AMBULAI	CONDI	TION ON DISCHARG	GE POOR
08 100 101 8/2 8	Stuton		☐ FAIF	?	CRITICAL
NURSE'S SIGNATURE DATE	PHYSICIAN'S SIGNATUI	RE DAT	E CONSU	JLTATION	
PATIENT'S NAME (LAST, FIRST, MIDDLE)		AGE D	ATE OF BIRTH	R/S Pm/	AIS#
· · · · · · · · · · · · · · · · · · ·		1 1 -1 1		- I I/M/	-1 × W () 11

'ARTMENT OF CORRECTIC 'S

EMERGENCY/_____TREATMENT RECORD

DATE SIR PDL ESCAPEE DOTHER CONDITION ON ADMISSION PGOOD FAIR POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER PULSE 10 SYSTOLIC VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP 10 ORAL RESP. DOTHER VITAL SIGNS: TEMP 10 O	
ALLERGIES N/CA CONDITION ON ADMISSION DEGOOD FAIR POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP ORAL RESP. D PULSE 10 BIP 10 BIP 10 SYSTOLIC SYSTOLIC SYSTOLIC STOLE ABRASIONIII CONTUSION # BURN XX FRACTURE LACERATION	N/
ALLERGIES NCH DEGOOD FAIR POOR SHOCK HEMORRHAGE VITAL SIGNS: TEMP ORAL RESP. PULSE D D SYSTOLIC SYSTOLIC SYSTOLIC CONTUSION # BURN XX FRACTURE LACERATION	N/
VITAL SIGNS: TEMP ORAL RESP. D PULSE TO BIP 10 80 RECHECK IF SYSTOLIC SYSTOLIC SYSTOLIC STORY OR ILLNESS NATURE OF INJURY OR ILLNESS ABRASIONIII CONTUSION # BURN XX FRACTURE Z LACERATION	V/ SUTURES
NATURE OF INJURY OR ILLNESS ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION	N/ SUTURES
5-il have a toothacke"	SUTURES
D- Clerk skin warm et dry lungs clear keget RRR Rotten tooth moted (R) side back small ant bleeding E swelling PHYSICAL EXAMINATION A-Alterature in comfort P- Sign & fox Dertist	
ORDERS, MEDICATION, etc.	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED TO 12-DOC CONDITION ON DISCHARGE 12-SATISFACTORY POOR CRITICAL	
NUMBERS SIGNATURE DATE DATE CONSULTATION (14) - ANCHO 128/01 DO DATE CONSULTATION (130)	
PATIENT'S NAME (LAST, FIRST, MIDDLE) AGE DATE OF BIRTH R/S AIS# 19 2089	2/



Release of Responsibility

Loud Courtney	7-26.0	/
vame of Inmate	Date	
208921		
nmate ID Number/Date of Birth	 .	
hereby refuse to accept the following treatment	/ recommendations:	
refuserg denta	l treatment	
		THE STATE OF THE S
acknowledge that I have been fully informed of and the risk(s) involved in refusing. I hereby releand agents from all responsibility and ill effect w	ase and agree to hold harmless N	ent(s) or recommendation(s) aphCare, Inc., its employees
Trevenue Brus 208921	- 1 Kin	& C07
nmate Signature	Witness	
2		
		-
he aforementioned inmate has refused the listed his form.	medical treatment(s)/recommend	ation(s) and has refused to sign
Vitness	Date / Time	
		
Vitness		



Department of Corrections

Emergency/ SHCi Treatment Record

Date Time 7-16-01 2 40 AM.	Facility <u>5 € 0</u>	capee 🗆	☐ Emergency ☐ Other	
Allergies NKA		Condition on Admission ☐ Good ☐ Fair ☐ Po	or Shock Hemorrhage [□ Coma
Vital Signs: Temp 97.1 Oral Rectal Resp.	20 Pulse _7	76 B/P 941.	Recheck if Systolic < 100 > 50	
Nature of Injury or Illness			Burn X Fracture Z Laceration/	Sutures
Physical Examination Heart Nate regular Skips & Napic				Sutures
				Cam
Orders, Medication, etc.	ngost -	1		
1 1 -	0			
710 xx neede	-8 -			<u>, , , , , , , , , , , , , , , , , , , </u>

Diagnosis				
Instructions to Patient				
Release/Transfer Date Time / / AM PM		Ambulance	Condition on Discharge Satisfactory Fair Critical	
Nurse's Signature Date 11/01	Physician's Signature		Consultation	
Patient's Name (Last, First, Middle) Byd Courtner	Original - Medical Record	Age Date of Birth Yellow - Transfer Agent	R/S B AIS # 208	1921

D. ARTMENT OF CORRECTIO.

EMERGENCY/		TREATMENT RECORD
	(OTHER)	

	DATE	TIME	FACILITY	<i></i>	□ EMEHGENCY
	1/15/01	10 CM	SIR DPDL DE		€ ÓTHER
,	. / '			CONDITION ON ADMISSION	•
,	ALLERGIES NKA	_	W+# 140	GOOD GEATH POOR	□ SHOCK □ HEMORRHAGE □ COMA
	99 1	(ORAL)	, 0	(0(/ 10)	140 RECHECK IF
	VITAL SIGNS: TEMP_//L	RECTAL RI	ESP		SYSTOLIC
	NATURE OF INJURY OR ILLNESS			ARRACIONIII CONTUCIONI E BI	JRN XX FRACTURE Z LACERATION/
	/ii // 4 /	10 +1	•	ABNASIONIII CONTUSION# BO	xx FACTUREZ SUTURES
	S' Heart of	lutter	inc.		
	Drive den	CLA WILL	in need		
	Drith Dhand	his Di	- Quale	1 ()	
	vaca laga	pur de	7 mina	ان - نو ^و ا	
	12 days				ATT
] {\	
				Ι / λ Ι / \	
				1 (() () () ()	//// /// /
	20 1/11/ 5 10	T Delle	<u>:</u> /	1 () / \ \ \ \	1) () - 1 \
C	PHYSICAL EXAMINATION	- Karre	ns .	1)(/ 1) (///www.l\l
	0- Campbellator	Les to	YCU =	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	411 4 1151
•	de the	Dead 1	00 =	1 hul 1 hul	aw lun
	alalness the	ney, p	sego.	1	$\lambda / \lambda / \lambda $
	last, Kin	Wam	V Osy	1 7 7 1	Seat 1
<	to touch le	use N	25-		
	Prical res +	Stran	£		
	the live of	200 3	A line Ot	1 1.	
	War and Cal	*	A P		
	then when can	re in	A A		(Di)
	lemping. 16	use d	Malen		,
-	crip. Old b	cas n	oled to les	gived pulses tol	eg + feet
	ORDEAS, MEDICATION, etc.		Ø ·		
	1 rel Ve metro	n in Co	in lint		
	A. accorder	$rac{n}{m}u$	mage Va		
	0 10 0	 			
	M. MI) to nevu	ew for	poss 4	<u> </u>	
		/)			
		\mathcal{O}			
					74.57.1
	DIAGNOSIS				
	INSTRUCTIONS TO PATIENT				
	PTa pm				
	RELEASE/TRANSFER/DATE	TIME (LE	BELEASEATRANSFERRE	ED TO A DOC CONDI	TION ON DISCHARGE
	7115101	TIME (I		AMBULANCE Y SAT	ISFACTORY DOOR
	NURSE'S SIGNATURE 1		PHYSICIAM'S SIGNATUR		ULTATION .
	1/11) and in	17/15/	12 My	$\Lambda / (1) \times (1) \times (1) \times (1)$	10W/D/A
	PATIENT'S NAME (LAST, FIRST, M	IDDI FI		AGE DATE OF BIRTH	R/S AIS#
		To A	<u> </u>	DATE OF BIATH	In 208921
	1 /Llack of	WISHER	ly	1 /	011 -00921

Case 2:06-cv-00511-WKW-CSC Document 28-4 Filed 08/24/2006 Page 13 of 50 DET TIMENT OF CORRECTIONS

EMERGENC TREATMENT .=CORD

DATE TIME FACILITY 5/00	tm. DEMERGENCY
PAOILIT	
1/5/0/ (2.45. AM) OSIR OPOL DE	
ALLERGIES N.C.A.	CONDITION ON ADMISSION B GOOD FAIR POOR SHOCK HEMORRHAGE COMA
vital signs: temp <u>\$13.2</u> oral resp. <u>\$0.</u>	PULSE B/P 100.172, RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASIONIII CONTUSION # BURN XX FRACTURE Z LACERATION/
5 Caunt preate.	xx Tollow Z SUTURES
PHYSICAL EXAMINATION (). HAND to SHOW Slive Up. TO TOUCH (PSY) C EUSE. HUSSIN, ABOUT UND OUR JOB., LOUGH O SNO NOTER OF STATE 98 % PRUK TION 300. OUR MILE	
GOVASKU TAGOV CAP NEGEL 238 WHOW.	
A. Allegation in Canalys	1
D. Detair & HCU Sici	L cocel PEN
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL
NUMSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE OF THE PHYSICIAN'S SIGNATURE	RUP 07/06/0)
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS# M 308921
	7/5/1/5/

DE \RTMENT OF CORRECTIO ; EMERGENCY/______ TREATMENT RECORD

DATE / TIME FACILITY S	tatan	□ EMERGENCY
1 55 AM DSIR DPDL DE	SCAPEE D	Ø-ÓTHER
ALLERGIES DICA	CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR	□ SHOCK □ HEMORRHAGE □ COM/
VITAL SIGNS: TEMP 98. 6. ORAL RESP. 36.	PULSE 98. B/P 100	RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BI	<100 > 50
S. Manny Chet pain and algority	ABRASION/// CONTUSION # BU	JRN XX FRACTURE Z LACERATION/ SUTURES
ORDERS, MEDICATION, etc.		
P.D. P. P.O. FILICIA 2). Retarn. TO SICK Clell F.	RP	
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED AM STUTY NURSE'S SIGNATURE PHYSICIAN'S SIGNATURE PATIENT'S NAME (LAST, FIRST, MIDDLE)	AMBULANCE DESATIS FAIR PATE CONSUL	i R/S AIS#
Boud, Corestness	14	BM 208921

DE ARTMENT OF CORRECTIO. ; EMERGENCY/_____(OTHER)

_ TREATMENT RECORD

43/	•				
DATE TIME FACILITY	300			□ EMERGENCY	·
(e//(e/O) SIR -PDL -	ESCAPEE D			E OTHER	
	CONDITION ON ADM				
ALLERGIES WKA	© GOOD □ FAIR	□ POOR	□ ѕноск	HEMORRHAGE	□ сом.
VITAL SIGNS: TEMP 97.8 ORAL RESP. 20	PULSE 70	BIP 100	164	RECHECK IF SYSTOLIC	
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTI	ISION# BI	URN XX FR	ACTURE Z LACERATIO	N/
5) Theart Vilenating & a share so	uin'	7	xx	z	SUTURE
(a) 113/Am - symptoms "lame and u	unt				
all day" - " saw red and green do					
Senies insputory effecting fair or				JAM.	
form on mounting -	-	,\		(4	
Vague and rampling & Complaints	$+$ / \wedge $+$ \cdot	\land		1/1/57	()
1. +01 11:	+ (1)	()		111-16	//
PHYSICAL EXAMINATION	1)(/1	111		// / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Danhulatory & Sulficulty - bright about		11/12	L		112
smiling when list entured stars your -	- \ \ \ \ \) W	U	$W \mid J \setminus J$	m;
NON - Skin N/D - Julie 10 KRR -] \ \ \ \.			\ \ \ \ \	
lungo Char - risp & war - las		\		1	\
well = 3 ne - See Notes 5/18/01	7 // \	J			}
10:55 c/o "heart victurating" at this time])(),	(/
Rules Jemaing TO RRR - Rup & case		//		<i>1</i>) 1'	\
A solution attention in Compot		ت		and b	70)
					•
ORDERS, MEDICATION, etc.	,_ 				
(D) al \ D					
(P) M.D. Reven					
		····			
•					
DIAGNOSIS					
NOTE LOT OUT OF THE PARTY OF					
INSTRUCTIONS TO PATIENT					
RELEASE/TRANSFER DATE / TIME RELEASE/TRANSFERR	SED TO TVDOC	CONDI	THOM ON D	ISCHARGE	
4 116 101 PM	☐ AMBULANCE	SATI	ISFACTOR'	ISCHARGE Y DPOOR CRITICAL	
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU			JLŤATION	CATTICAL	
Brock low Celled to UN M	100 62001	(DOV			
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE	о віятн		R/S AIS#	
1.11.	19			1.1 0 2047	. /

Department of Corrections ____Treatment Record Emergency/____

(Other)

Date ☐ Emergency 5/25/Q; Allergies SIR PDL Escapee □ Other Condition on Admission Good ☐ Fair ☐ Poor ☐ Shock ☐ Hemorrhage ☐ Coma Nature of Injury or Illness Sutures Physical Examination A) Body chart per D.O.C. Orders, Medication, etc.)) Report to sick. it problem persist Diagnosis Instructions to Patient Condition on Discharge

Satisfactory

Fair Release/Transfer Date O Doc O Ambulance Release/Transfer Date O Poor 5/28/36/ Nurse's Signature Physician's Signature Date Consultation R/S Boyd, Court new, 19

Spriginal - Medical Record Yellow - Iransfer Agent BM 208921

Department of Corrections ency/_____Treatment Record Emergency/_____(Other)

Date Time MAM Facility SIR	PDL 🗆 Escapee 🗆	☐ Emergency
Allergies	Condition on Admission	or Shock Hemorrhage Coma
Vital Signs: Temp G Oral Resp. 12	Pulse 76 B/P (30 /	Recheck if Systolic < 100 > 50
Nature of Injury or Illness	Abrasions /// Contusion #	X = . 7 Laceration/
S) My chest, britis, Occas	move ()	Sutures Sutures
Chorey upon learn ER VE	JRRUH	
Orders, Medication, etc.		
0\0.10		
MID to levieur		
Diagnosis		
Instructions to Patient		
Ago		
Release/Transfer Date Time 1222 Release/Tr	O Ambulance	Condition on Discharge Satisfactory Poor Fair Critical
Chotau opn 5/24/1 1/2	Duy NW J/25 101	Consultation (1400)
Patient's Name (Last, First, Middle)	Age Date of Birth	Bin 208921
Original - M	ledical Record Yellow - Transfer Agent	

∡ Naphlare >

Department of Corrections ency/_____Treatment Record Emergency/ (Other)

Date Time AM Facility SCC	Scapee 🗍	☐ Emergency /☐ Other
Allergies NA	Condition on Admission	or Shock Hemorrhage Coma
Vital Signs: Temp 16 7 Oral Resp. 2 Pulse	24 les 76,	Recheck if Systolic < 100 > 50
Nature of Injury or Illness	Abrasions /// Contusion #	Burn X Fracture Z Laceration/ Sutures
5) My heart is heating 10don		Sutures .
I cough my heart sheet		
mione Why in Hat		
0		(TX)
	1 / \) // #A
		() () () ()
Physical Examination		\ ///\//\\
Of Bolley Steel Office,	1 9ml 1	W TW WIT
Plent 3 Mient X3 Desport)	
evol. Helle HR neg Sten	7 / 4 /	/10
warm day to totach.	-	() ()
Le p nolls. Alleger		
NADN.		
A lody chart		
Orders, Medication, etc.		
p. hove		
	Ŷ	
Charles and the second of the		
The state of the s		
Instructions to Patient		
Polosso Virgos for Pate Fine Balance (Transfer Pate	0.2	Des d'Alexander Disabasses
Release/Transfer Date Time AM Release/Transfer Date	O Ambulance	Condition on Discharge Satisfactory Poor Fair Critical
Nurse's Signature Date Physician's Signature		Consultation
Patient's Name Last, Flist, Middle)	Age Date of Birth	R/S AIS #
Original - Medical Recor	d Volloys Transfer Agent	DIN 202 421
Original - Medical Recor	d Yellow - Transfer Agent	,

DEPARTMENT OF CORRECTIONS

EMERGENCY/	TREATMENT RECORD
(OTHER)	

DATE TIME FACILITY	☐ EMERGENCY	
6-9-0/ 7/0 AM OSIR OPDL DE	SCAPEE D	□ OTHER
t (-)	CONDITION ON ADMISSION	
ALLERGIES		□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP ORAL RESP.	PULSE B/P	2+72 RECHECK IF SYSTOLIC
		<100 > 50
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # B	URN XX FRACTURE Z LACERATION/ SUTURES
5 Noas Shavner Mykace		
and cut mill them have		
Cha Dana	()	
The ought) - را	
		Mil
		(, , ,)
	 	11/2 57/
PRIVATE ALL EVAMINATION		<i>///</i> , ;/\\
PHYSICAL EXAMINATION	1/1/2/1/2	211 \(\)
a francisco de la fila fila fila fila fila fila fila f	Fluid / I have	aw \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The superior and the superior	1 1 (\
Thumot & Welling	7 7 7 1	<i>)</i> } \\
		("(
A A and a second		
H- alteration on Comfort	1 1) (
		<i>W O</i>
ORDERS, MEDICATION, etc.	_	
P-Delean's Cetadene Bandar	d toana	
, Company of the control of the cont		
	~	
	/ Bitti	
DIAGNOSIS		
INSTRUCTIONS TO PATIENT /		
Keep clear lan		:
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	D TO DOC CONDI	TION ON DISCHARGE
6019 10175PM	☐ AMBULANCE ☐ SAT	ISFACTORY DOOR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	RE CONST	UNITATION (A)
Amillean Job 901 H Oll	NINA P/11/0	1 KW
PATIENT)S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#J089J1
Knill In. L.		1 1 200 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DEPARTMENT OF CORRECTIONS

EMERGENCY/_____ TREATMENT RECORD

DATE FACILITY	Calon	□ EMERGENCY
18/01 OS AM SIR OPDL DE	SCAPEE []	OTHER
	CONDITION ON ADMISSION	
ALLERGIES NK	GOOD FAIR POOR	□ SHOCK □ HEMORRHAGE □ COMA
GOD ORAL 20	PULSE	RECHECK IF
VITAL SIGNS: TEMP RECTAL RESP. 10	PULSE <i>O_1</i> B/P <i>_[V(p</i>	-100 - FO
NATURE OF INJURY OR ILLNESS	ABRASIONIII CONTUSION# BU	
311111111111111111111111111111111111111	THE THE CONTROL OF TH	xx SUTURES
I fly speak wely myling for	n n	
about Nous My bought hunt		
1		
		200
0 1 1 1 + 1 - 4011 - 211 L	4/11	
()-Amfulated to HClf 3 arent enor		187
Res It Juith No SOB No.	1 ()	(X_i, X_i)
N/V, Skin W/D to touch, 40		
PHYSICAL EXAMINATION	171(1,1)5	11/1/27/1
lendener to () undo argay	1911 1 1 1 W	
V/s WNL, capillary relief	Jam (V) and	aw wi:
3 records muches languelacon	١, ١, ١	\
Out i	f	<i>),</i> , <i>)</i> (\
part 3		
	\	
11++	1 15 15	1 () (
A-Allelation in Compton		
ORDERS, MEDICATION, etc.		
D POEMER EN	Blance	
- The Prostages - Crap ples ME	Dely KANT	· · · · · · · · · · · · · · · · · · ·
3,1, JPN,		***************************************
KILPRN	w-,	
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
PIC Prent		
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	ED TO DOC QONDIT	ION ON DISCHARGE
5/18/01 AM 5/1	AMBULANCE DESATIS	ION ON DISCHARGE SFACTORY □ POOR □ CRITICAL
NURSE'S SIGNATURE, / DATE / PHYSICIAN'S SIGNATURE		
	nor 05/18/01	NIA
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S/ AIS#
\mathcal{L} \mathcal{L}		Ist nona

L .PARTMENT OF CORRECTIONS

EMERGENCY/	TREATMENT RECORD
(OTHER)	

DATE TIME FACILITY 50	□ EMERGENCY
5/12/01 //17 AM SIR -PDL -E	SCAPEE [] (\$40THER
ALLERGIES UKAA	CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ CO
VITAL SIGNS: TEMP 90,5 RECTAL RESP. 18-28	PULSE 70-98 BIP 120 180 RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	<pre></pre>
S" My blant in hunting	xx XZ SUTU
they called this afternion	
but stold to wait a come	
later	
PHYSICAL EXAMINATION	[)(/、1 .))\
D- Dreeght to Hell in stretche	
holding his Chest mid area	
Lience allow to areaulation	Y
Oderien state was walking +	
Ganed out. Land noted	
to foreams & face. Times	
will breath I fast & hold	
ORDERS, MEDICATION, etc.	ins
soes down la dat 9970	apical vate veg . Skin
warm 4 day to louch	,
A alleration in comfort	200
800mg or our XX	vin 800mg new - Save @ 1145pm
23° observation in M	Oll
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
RELEASE/TRANSFER DATE TIME SELEASE/TRANSFERRED	☐ AMBULANCE
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	
nowagen la /10/01 1 my M	10 5/16/01 (13W) N/A
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#
Ground Presentation	19 12 1911 12.00921



Department of Corrections Emergency/____SACY_____Treatment ____Treatment Record

Time

32
AM Facility DCC

PM SIR PDL Escapee D ☐ Emergency ☐ Other Condition on Admission ☐Good ☐ Fair ☐ Poor ☐ Shock ☐ Hemorrhage ☐ Coma Recheck if Systolic < 100 > 50 Abrasions /// Contusion # Burn X Fracture Z Laceration/ Nature of Injury or Illness Sutures Physical Examination NO Schulches bruises or Abrusions NOTED ON body Jull Rom. Orders, Medication, etc. Diagnosis Instructions to Patient NON-C Release/Transfer Date Release/Transfer Date O Doc Ambulance Condition on Discharge
Satisfactory
Fair O Poor 03 /2/ / 0/ Nurse's Signature ___ Physician's Signature O Critical Consultation AIS # Patient's Name (Last, First, Middle) R/S 208921 Yellow - Transfer Agent Original - Medical Record

EMERGENCY/______(OTHER)

____ TREATMENT RECORD

DE. ARTMENT OF CORRECTIO: 3

			/					
DATE	TIME	FACILITY	Talon			□ EM	ERGENCY	
4/1	120 AM	SIR DPDL DE	SCAPEE []			tol .	OTHER	
15/01	/ 9 (/PM)	USIN UTDL CE	30AFEE ()				OTHER	
	,		CONDITION	ON ADMISS	ION	-		
ALLERGIES /	li s		GOOD □			OCK THEM	ORRHAGE	□ COMA
ALLENOIZS /	LH		1/\					
'	984 ORAL	··· 27	PULSE_	St/ _	IP 120 17	RECHEC	KIF	
VITAL SIGNS: TEMP_	/O RECTAL RE	SP	PULSE_	<u>О.Г.</u> В.	PIOI	SYSTOLI	IC	
			,	,		<100>5)	
NATURE OF INJURY OF	RILLNESS	4	ABRASION///	CONTUSIC	N# BURN XX	FRACTURE 2	LACERATION	N/
1 1 1		~ / //			XX	Z	<u> </u>	SUTURES
15-" HINT	hust no when	الأوالا ا	1 .					,
7 1774	7 day 100 141 200	7./129	1 \					
15wx 15w	y at the	aus",	\ /				~ /	
<u> </u>			<i>Y</i> 1)				
			<u> </u>	<u> </u>			(= 177)	
			/	<i>y \ y</i>			XZX	
						_	AMIL	
1 1 1			/	•)			/
	A 1 1 11 11 11 11 11 11 11 11 11 11 11 1	17	1	1 入	. (V 3.	λ)
10- Hay live	No. It U	1 samm	L / A	-} Λ`	J	A	ー、こり	\
4/	**	74/0	<i>1 </i>	٠ / /	X	/I	1 1/1	()
110 enju	y row hos	yalor (°	1,11)	()	1/ /	/ (()	1 (1 /
1 11 (A)	K. A.	A comment	! /\	11	\perp	111	. 17	1 1
MUS ILLE	w sony M	we request	¥ \	1 //	\cup	1//	ا مر ہا	1
PHYSICAL EXAMINATION	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	N/	1716	人。17	/ X \	\/(()	1/) (
()	C. Diskilly o	aus l'é	1611	1	was a	×11	$X \mid Y$	(~)
		71000	1 / 1/11/	N V	W)	and	/\	JITF)
Madul	(0 5 mm.	()	1 " 1	$I \setminus A$		201	/	~00
			1) {			1	$I \setminus I$	
			1 V 1	/ (,)		1	$\langle \langle \langle \rangle \rangle \rangle$	
			I I X	7 \		/	V = V = V	
		-	1 /					1
		*	/\ /	\ \frac{1}{2} \cdot \frac{1}{2		j	/ X	i i
			1/ //	1 (\ /		
	A 1 /		1/ /(733		1 /	11	
A RUC	Vacit / A/		1 /1/	(1)		. <i>}</i> }))	
M. DOM C	VILLE (100g)		1 ///) //		61	(.,	$^{\prime\prime}\!\!J$,
1	(1 -					40	<u> </u>	
	J							
ORDERS, MEDICATION	l, etc.							
	. 1							
1) 1 -	14 00 0							
P-Notx	Market	 						
1								
	······································						-	
			1	·				
							Sec. Constitution	
		PP-117						
DIAGNOSIS		*						
							•	
INSTRUCTIONS TO PAT	TENT							
RELEASE/TRANSFER D	DATE TIME F	ELEASE/TBANSFERRE	D TO X DOC	I	CONDITION OF SATISFAC	ON DISCHAR	GE	4.1
14,2	130 AM	-<++	☐ AMBU	JLANCE /	K SATISFAC	TORY 📙	POOR	
1 1 3	101 PM)	Jaim			FAIR		CRITICAL	
NUBSE'S SIGNATURE	DATE P	HYSICIAN'S SIGNATU	RE j	DATE /	CONSULTATI	ON/		
1001120	1 17/1/1/	12 1 to 1	15	THA	/	VIA		
- (will	1/3/01	e pour		/3/U/		/H		
PATIENT'S NAME (LAST	FIRST, MIDDLE		AGE	DATE OF	BIRTH	/ R/S	AIS#	
\Box	A A F		1			الما	_	

DI RTMENT OF CORRECTIO S EMERGENCY/_____TREATMENT RECORD

	EMERGENCY
DATE / / PACIEIT	in Corr. Tag
4/28/0/	TO THE ON A PRICE ON
ALLERGIES NA	POOD FAIR POOR SHOCK HEMOHRAGE SONIA
OL (ORAL)	PULSE TO BIP 120 78 RECHECK IF SYSTOLIC
VITAL SIGNS: TEMP 96-6 RECTAL RESP	<100 > 50
NATURE OF INJURY OR ILLNESS	ABRASIONIII CONTUSION # BURN XX FRACTURE Z LACERATION SUTURES
E Pain is going through	
in heart + dem secing	
actor bil doto like grow	y- (
400 bus + the coming	No.
meh up" To mausea @ times	
	↓ /
	17)/ (1)
	┥)(/ ぇ))└ <i>ノ(/ "\ / `</i> \)└ [!]
PHYSICAL EXAMINATION A DIET & Oriented X3. Skin	Jan 1 Win Tal 1 With
who to touch a color WNL.	
Da a sulan of unlabored and	
Alex SOB DI Appania (2)	
noted 45 of My back steady.	
Heart rate a religion regale	ek.)
Suna Clear. Vital sight	
withthe bounded facility	
asimacing or 45 whacute	
OPDERS, MEDICATION, etc. Homling 4	Werlial
A notration in compe	ort a lade a coek Lork
(P) savised to take OTC	Typonol June The gove
PAIN, Follow up ON	DICK COUR OF FOTONO
act words . BTC &	1/V augunosos de Dans to
MD to cretien above	complaines for posit
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
	BRED TO ALLOC CONDITION ON DISCHARGE
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFE	AMBULANCE ATTISFACTORY CRITICAL
4 128 P/8 PM	Li DIANI
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE HOLD AND AND AND AND AND AND AND AND AND AN	
DATISMIS NAME (LAST FIRST MIDDLE)	AGE DATE OF BIRTH R/S AIS#
PATIENT'S NAME (LAST, FIRST, MIDDLE)	19 BM 208921

Treatment Request and Record

e Desi	Requested By	Patien	Status	Rx. Ordered
12,7/02		. <	IP OP	
icar Diagnosis	,	·	ſ	Data of Onset
Aegply	John Com	inos	ta	
00-	n On 115	Ma.		Date of Surgery
Www.	2 Olly X 30	weg-		
Area of	Treatment (Circle)	Progr	ess Notes	•
	,		1 10	
		12/8/	02-100 Show	s-a King UPS
		1.5	1	one. K. Tolanen
		15-16-	02- Cxd	one. faind onea
\wedge \wedge \wedge		17	hin decrea	
		1 1 7	·	6 1 00
11 11 2		10111		one Killyn
N V M	and 1 / 1	W 1319	105 - no s	for parmer
		1		
)		ر -		
		i		
) () (
			•	1.
:	Record o	f Treatment	· http://www.i	
nth. 1 2 3 4 5	6 7 8 9 10 11 12 13 14 15 16	17 10 10 20 21	22 22 24 25 25 2	7 28 29 30 31 Total
		17 10 13 20 21	22 23 24 20 20 2	7 28 29 30 31 10181
ee	7			
Last, First, Migh	td(e)		Age	ID No.
Boyd,	Dutre		= •	208921
ment Request a	and Record			

Case 2:06-cv-00511-WKW-CSC Document 28-4 Filed 08/24/2006 Page 27 of 50 PARTMENT OF CORRECTI VS

__ TREATMENT RECORD

(OTHER)	INCATRICITY F	ILCOND
DATE TIME FACILITY	in the	■ EMERGENCY
12/5/02 335 AM OSIR OPDLO	ESCAPEE D	□ OTHER
ALLERGIES - VICA	CONDITION ON ADMISSION	□ SHOCK □ HEMORRHAGE □ COM
VITAL SIGNS: TEMP 976 ORAL RESP. 18	PULSE 15 B/P 1/10	> DECHECK IE
NATURE OF INJURY OR ILLNESS		BURN XX FRACTURE Z LACERATION/
SIM house Chart pring!		xx Z SUTURE
O) Alext Chientel X3 - Sprid Who to touch - Bowel Schnel		
Cell sour Greachiletts - JERRER JEWYL - Lings Clear & Nales or Son notes -		
PHYSICAL EXAMINATION, A) - CONTRIPUTION		Taw Wint
P) MON 30 00 po 15 X7 days)\ \
E-1 HgD, Eas More of vegeta	blas	Land Com
ORDERS, MEDICATION, etc.		
·		
DIAGNOSIS		
INSTRUCTIONS TO PATIENT See about 1 Am H M	alex. Tx)	
	ED TO ₽ DOC CONDI	ITION ON DISCHARGE TISFACTORY
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE SIGNATURE DATE PHYSICIAN'S SIGNATURE CO	· · · · · · · · · · · · · · · · · · ·	ULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
Bourd Mountain	2/	B/M 218921
). YELLOW - TRANSFER AGENT	1-11-CX/0/CM

Case 2:06-cv-00511-WKW-CSC Document 28-4 Filed 08/24/2006 Page 28 of 50 **DEPARTMENT OF CORRECT NS**

EMERGENCY/	TREATMENT RECORD
(OTHER)	

DATE TIME FACILITY E	00	DEMERGENCY
FACILITY	SCAPEE D	OTHER
12-12-02 AM OSIR OPDL OES	T	JOINER
ALLERGIES NKA	1	SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 16 10 RECTAL RESP. 20	PULSE	RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS 02 Set 980.	ABRASION/// CONTUSION # BI	URN XX FRACTURE Z LACERATION/ XX SUTURES
5- My Storochis		
My Starsh		
		(k)
	{	
PHYSICAL EXAMINATION		///:://\
0 - (resorter to INFirman		411 X 162
Celast & O X 3, Condendational		in the second se
tedes to Palaction Deed	em / / /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
not Queto. No Redevend		
un col Dural		
An altertion Or Confort		Euch (mi)
Nelateo to aldonico Van		
ORDERS, MEDICATION, etc.		
Y- Weller to MV		
E. In mato Education (Dol	
DIAGNOSIS		
INSTRUCTIONS TO PATIENT	<u> </u>	
Try to Oriok Phonte Ofyller	ids It on H	(fylix, Tx)
RELEASE/TRANSFER DATE TIME RELBASE/TRANSFERRE		TION'ON DISCHARGE ISFACTORY POOR R CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR	E DATE CONSU	ILTATION
Stamily 12/12 CW dy EAN		
PATIENT'S NAME (LAST, FIRST, MIDDLE) DOLO DUIT NOU	AGE DATE OF BIRTH	166808 MA
		10000000

_ TREATMENT RECORD (OTHER)

DATE TIME FACILITY	(3,60 CEMERGENCY
(2-1002) SIR OPOL OE	
WEDDING ALLIA	CONDITION ON ADMISSION
ALLERGIES // ORAL 2/A	GOOD CAFAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 97.4 RECTAL RESP.	PULSE 6 BIP 100160 RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	<100 > 50
A A A	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/ SUTURES
6) My chast be hurting of	
my beact goes to Claffair	
MATE that most lost "	
THE CHAIN MEAN TO S	
	Prin / (m)
PHÝŠICAL EXAMINATION	
	4141411
	felial 1 Jan
VOXS, Ambulating well. US are	
254mftomic & 02 STT 9970 Capillar	
refull < 5 seconds, Abdomen ten	(ar () () /"() ()
to Palpation but not acuta. No rabo	and
tandarnass,	
A) Alteration is confort due to Gol	
of indiagetion	
ORDERS, MEDICATION, etc.	
B. D. C. C. to U.A.	
(R) Kafar to MD.	
(F) Inmeta Education in the	protocol given
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
If in H. Inlevi Tx	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	D TO DOC CONDITION ON DISCHARGE D AMBULANCE D SATISFACTORY D POOR
12/10/02/1:40)	☐ ☐ FAIR ☐ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR	
Milli Banghay KO12-10-02 Ch Jolls cons	7,7,7
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#
1 Boyd, Countrie	21 m 208921
NO 044	

DEPARTMENT OF CORRECTIONS

EMERGENCY/_____TREATMENT RECORD

DATE TIME FACILITY	Below	D-EMERGENCY
12-7-02 1050 AM OSIR OPOL DE	SCAPEE & WILLIAM	□ OTHER
	CONDITION ON ADMISSION	
ALLERGIES NAA WT 145	<u> </u>	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 98+ ORAL RESP. 20	PULSE	7 170 RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BI	JRN XX FRACTURE Z LACERATION/ XX SUTURES
So Spider Dite I muid		xx Z SUTURES
To Angly A win Compass I		
get real obsgrand.	<u> </u>	Real Tr
O: ALERT + Driented x3. Alin		
w/ To Touch. Resp evenet	1// / //	16:31
on (K) Side & chin a some	1 () / () /	()) \ - i \ \ \
	1)(/ 1 1)(ノ(/ ヤ、 / \ \ し
ldema And Slightly wrem	1911) X 1612	411 11 12
To Touch.) W / W	
A's Alteration in comfirt	1 1/1	} (). (
po Applied arm compress		/"}
gove Refleri strong Ttob Po.	+ \ / \ /	
Trotin booms for pain.		
En Instructed him to Applies		
WAYM COMPRESS three times a		
day: And do not sicila		
ORDERS MÉDICATION, etc.	of to m.D.	
DIAGNOSIS		
Speden Bette		
INSTRUCTIONS TO PATIENT		
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERR	ED TO (290C CONDI	TION ON DISCHARGE
12 17 102 10 AM	☐ AMBULANCE ☐ SAT	ISFACTORY POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	RE DATE CONS	JLTATION
Hrincen 12/1/2 Defro	Istola	
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	
Borgel, Courtney	QO .	13/1 268921

Case 2:06-cv-00511-WKW-CSC Document 28-4 Filed 08/24/2006 Page 31 of 50 **DEPARTMENT OF CORRECTIONS**

EMERGENCY/	TREATMENT RECORD
(OTHER)	

DATE TIME FACILITY 3	chh	DEMERGENCY
DATE TIME FACILITY 13	SCAPERO inmate	2 OTHER
ALLERGIES NKA WT. 145.5 82 Bat 95%	CONDITION ON ADMISSI	OOR SHOCK HEMORRHAGE COM
D- COPAL	_	P23170 RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSIO	<100 > 50 N # BURN XX FRACTURE Z LACERATION/ SUTURES SUTURES
So my whole body is cold, &		xx Z SUTURES
Done is aching a feeling numb		
O' ALERT + Oriented X3 Skinwill) - (التي المناسبة
to touch Adequate tugor + color) Ari
Capillary rifiels (seconds. Rosp	1/	11:31
Sulnet mulabred (a) 18 pm.	1111 (1	$)$ $()$ $i \cdot i \langle \rangle \rangle$
PHYSICAL EXAMINATION		
Eachire Bowel Sounds x 4 guade		W TW / WIT
AFTER PERPAL VSWAL Appell	E 1) \ , \	\
y fair. Jait is steady 5		/-/
lemping. no do MA, diggine	1 1/-1/-	
A: Alteration in compact		
P: will refer focket to MI		Euch Com
for these complaint Noice.		
E. In Irueted from to wether		
Dones RTU to informing	ig he house	- my real Company
	ķ*	
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	☐ AMBULANCE	CONDITION ON DISCHARGE DESTISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR		CONSULTATION
Sprince 11/25/2 July	1.126Ge	١
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF	BIRTH RIS AIS# BIM 208921
1307/d, Courtney	20	B/m 208 7501

Case 2:06-cv-00511-WKW-CSC Document 28-4 Filed 08/24/2006 Page 32 of 50 HEALTH CARE UNIT PATIENT, INFORMATION SLIP

INSTITUTION

Boyd Courtney 2087/ Bin NAME J NUMBER RIS	
Lay-in for days from (date)	
(date)	কৃপ ক্রমান প্রকৃতি হৈ উন্ধানিক বিশ্ববিধান পালে গতি লগু সংগ্রেছিল ক্রমান্ত্রীর স্থান স্থান স্থান স্থান স্থান সংগ
Instructions: Lepart to pill call Meds 3x aday down	
14 days + Dxday For 30 days	,
Failure to follow the directions above may result in a disciplinary.	· · · · · · · · · · · · · · · · · · ·
Date Issued Date Issued Date Issued Signature Discovery of the second of the secon	
	· · · · · · · · · · · · · · · · · · ·

EMERGENCY/ TREATMENT RECORD

	DATE FACILITY		☐ EMERGENCY
	10 31 02 818 AM SIR OPDLOSE	SCAPEE []	☐ OTHER
		CONDITION ON ADMISSION	
	ALLERGIES NKA	GOOD FAIR POOR	□ SHOCK □ HEMORRHAGE □ COMA
	VITAL SIGNS: TEMP 7 3 (ORA) RECTAL RESP. 7	PULSEO (0 B/P)	RECHECK IF SYSTOLIC
	wat Mn	Q Q	<100 > 50
1	NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BI	JRN XX FRACTURE Z LACERATION/ SUTURES
	S) I've been having		AA 2 SUIDNES
1		bm (
	my tres to my chast en my		
1	Dordeal Night. I have a	ي کي کي	
•	murmur. I need a heart		NA.
			(K)
		{	$\int \Lambda / \gamma \Lambda \Lambda$
	my revenue records. I'm		(
	alsoalting chill "	1) (/ 1) (///" ~ \ \ \
		4 1 4	411 \ 11
	0) Stert overted x3. Rose	Lam V Jan	4w / / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ever & undabored. Skin WID	P), () (\
_		7 7 7 1	\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	clear bilaterally to sounds		(
		CIO (
	neuse or vomiting Notet.)
	Bourd sounds probent in al		_
	ORDERS, MEDICATION, etc. (an collision)	01	N CAO
	Large Agendry and Age	1 00	9 30B poted.
-	Aple to mor extremities 3	difficulty 2	qual bilateral
	Strongth noted - Pedal pulse	s polyparble	DSIS garento
i	Ciotrego Noted		U
(Alterator In Combret	<u> </u>	
	(P) montor for Goenon S,	S of heart after	ck
	10) Advise on 5/5 to 120014 to	o Hou	
	DIAGNOSIS		
	INSTRUCTIONS TO PATIENT		
	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	DTO DOC CONDI	TION ON DISCHARGE
	10 /31 /02 855 AM	AMBULANCE SAT	ISFACTORY ☐ POOR
	NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR		ULTATION
,	M. Brooks RD 1847	while	
_	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
	toud Couchen	$ \mathcal{X} $	B/m 208921
	· · · · · · · · · · · · · · · · · · ·		

Case 2:06-cv-00511-WKW-GSCTMENT OF CORRECT NS Page 34 of 50

EMERGENCY/<u>SHOU</u> TREATMEN

DATE / FACILITY FACILITY	TH	□ EMERGENCY
5/3//02 801 AM O SIR OPOL DE	SCAPEE []	OTHER
NVA	CONDITION ON ADMISSION	
ALLERGIES 7/KM	GOOD FAIR POOR	☐ SHOCK ☐ HEMORRHAGE ☐ COMA
VITAL SIGNS: TEMP 474 ORAL RESP. /	PULSES	8 76 RECHECK IF
		~100 × E0
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BI	JRN XX FRACTURE Z LACERATION/ XX SUTURES
LS'-11 4 Mu heart us hurly		
I may)		
	()	
0 - On rainea, noted	ال ال	
Hill back had ball back had		No.
sucy as a way type crust		(, , ,)
pain, state pain with		
him from self.	(1).	(()(() \
U	1// \ \ (1//: :11
PHYSICAL EXAMINATION	11111	$\mathcal{L}(f(X, f(X)))$
H (MSFrus)	Tull 1 luns	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·	
P(b) SOUMO MOTHER Die nou		} (}.(
2) Return HOSCC with		/ <u>~</u> /
Offices		{ } { }
1 00		
		<i>)</i>
		En m
ORDERS, MEDICATION, etc.		
DIAGNOSIS () .		
Chest Pain		
INSTRUCTIONS TO PATIENT		
KI (as Allold		
RELEASE/TRANSFERREI		TION ON DISCHARGE SFACTORY □ POOR
J 121 102 810 PM		SFACTORY DOOR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSU	LTATION
I SKELLEY !		
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
LOUN (RUNGERCUS	20	9m 208921
NC 041		

Case 2:06-cv-00511-WK**WERARTMENT**en**OF**8-**COFFRE** 08**(2)(\$**06 Page 36 of 50

EMERGENCY/_____TREATMENT RECORD

TIME FACILITY	v_Sta					□ EMERGENCY	
4/28/02 7:50 EM DSIR	□ PDL □ ESC	APEE D				OTHER	
ALLERGIES NKA	l c	CONDITION GOOD &	FAIR	T POOR I	□ SHOCK	□ HEMORRHAGE	
VITAL SIGNS: TEMP 79. Z PECTAL RESP.	6	PULSE_	8,7	//0 _B/P	1 808	ECHECK IF YSTOLIC	
NATURE OF INJURY OR ILLNESS					<	100 > 50	AV
(T) / / /		ABRASIONII	CONTU	JSION # BUI	RN FRAC	TURE Z LACERATIO	NV SUTURE
basket but Soft bull " play	an						
basker bull Soft bull.		/					
		1	k - :/				
			y (
		(,	;	.)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		/ λ		<i>(</i> \		الن يا	1
		f: ().	' {	1 (/	$(\land \land \land \land \land)$	()
DIAMONDAL EVANIMATION		111	_ \	\	- 1	111.17	1)
PHYSICAL EXAMINATION	. ,	$\mathcal{M}_{\mathcal{L}}$	J \	1) \	J	/ / '\	
NO Swelling DUR OKNOGOND RO	imp V	W)	$\widetilde{\Lambda}$	I W	41	1 X 1	12
No Swelling poted Ukolgood RO	m	m /	$^{\prime}$, 200	w	1 // /	Mi;
to area.		\ \ \ \ \ \	1. 1)	
		11	1	١		1) fett	•
		(/	\			() ()	
H) Altertion in comfort		-)(-	-),(1///	
		//	(-)	\			
		0	(77	4	W (m))
ORDERS, MEDICATION, etc.							
P)) RTU PRN							
77							<u>,</u>
1) M.D. to review							
					······································		
							
							
DIAGNOSIS							
NSTRUCTIONS TO PATIENT							
•							
RELEASE/TRANSFER DATE TIME RELEASE/TRA	NSFERRED TO	DOC	Т	CONDITION	N ON DISCI	IADCE	
_ 1/28 bz 7:45 CPM Storton	`	AMBUL	ANCE	☐ SATISFA ☑ FAIR	CTORY	□ POOR	
JURSE'S SIGNATURE DATE PHYSICIAN'S S	SIGNATURE			CONSULTA	TION	CRITICAL	
Jose of 1/28/2 /3 Wels	us chas	4.2	18-12		· = · •		
ATENT'S NAME (LAST, FIRST, MIDDLE)		AGE (DATE OF	BIRTH	R/S	AIS#	
Boyd, Courtney		20				2089	21
NC 041 ORIGINAL - MEDICA	L RECORD YELL		EED ACC		15M	110001	6/

Case 2:06-cv-00511-WKWCSCRTMENT OF CORRECTION: Page 37 of 50

EMERGENCY, SHCU TREATMENT HECORD

	TIME FACILITY SC	c	□ EMERGENCY
	5-02 730 DSIR OPOL DE	SCAPEE D	LE OTHER
	ERGIES NKA	CONDITION ON ADMISSION GOOD FAIR POOR	□ SHOCK □ HEMORRHAGE □ COMA
	VITAL SIGNS: TEMP 99 COPAL RECTAL RESP. 20	PULSE_76B/P138	RECHECK IF SYSTOLIC
	NATURE OF INJURY OR ILLNESS	<u> </u>	<100 > 50
,		ABRASION/// CONTUSION # BI	URN XX FRACTURE Z LACERATION/ SUTURES
5.	My ankle husts - I hust		
	it playing ball one		
	weep ano	b) - i((= <u>7</u> ->)
			TYPE .
		1) 1 1	(K)
			$\int \Lambda / \gamma \Lambda \Lambda$
	Wt 138 #	()/	[
<i>i</i> ^	PHYSICAL EXAMINATION	711 I 115	///\//\\
D.	40 Spankle pain. 90	The state of the s	
	edoma noted to ankle	\	
	palpation No discolors	~ } / Y · \	
	the andle - Walker in lim	cion ()	
	To warm of the	- 	
			En mi
,	alteration in Comfort		
`	ORDERS, MEDICATION, etc.		
,	Instructed to apply her	at to foot	
		8	
ļ			
-			
}	DIAGNOSIS		
	INSTRUCTIONS TO PATIENT		
-	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED	VA C C C C C C C C C C	
	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED	☐ AMBULANCE ☐ SATIS	ON ON DISCHARGE FACTORY DOOR
	NORSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE		CRITICAL TATION
	Mayo Rn 715/02 B Zelons open	1.7	
	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
	Doyd Courtney	20	B 208921
	NC 041 U ORIGINAL MEDICAL RECORD		

Case 2:06-cv-00511-WKW-GARTMENITIES CORFIECT 18/24/3006 Page 38 of 50

(OTHER)

TREATMENT RECORD

EMERGENCY/_

TIME DATE ☐ EMERGENCY **FACILITY** ☐ SIR ☐ PDL ☐ ESCAPEE ☐ OTHER **CONDITION ON ADMISSION** □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA **ALLERGIES** RECHECK IF VITAL SIGNS: TEMP **PULSE SYSTOLIC** <100 > 50 FRACTURE_ Z LACERATION/ NATURE OF INJURY OR ILLNESS BURN ABRASION/// **CONTUSION # SUTURES** PHYSICAL EXAMINATION ORDERS, MEDICATION, etc. DIAGNOSIS INSTRUCTIONS TO PATIENT RELEASE/TRANSFER DATE RELEASE/TRANSFERRED TO DOC TIME CONDITION ON DISCHARGE ☐ AMBULANCE ☐ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL PHYSICIAN SSIGNATURE DATE CONSULTATION DATE OF BIRTH AGE R/S AIS# ORIGINAL - MEDICAL RECORD, YELLOW - TRANSFER AGENT

Case 2:06-cv-00511-WK9#-04RTMPN/meor/28CORFIED-97624/\$006 Page 39 of 50

EMERGENCY/_____TREAT N.ENT RECORD

DATE TIME FACILITY 5C	L		☐ EMERGENCY	
2/8/02 7:45 AM OSIR OPDL DE			OTHER	
	CONDITION ON ADMISS	ION		
ALLERGIES NKDA	□ GOOD Ø FAIR □ P	OOR DSHO	CK HEMORRHAGE	
VITAL SIGNS: TEMP 39, / GRAV RECTAL RESP. 28	PUISE 72 P	96 177	RECHECK IF	
			<100 > 50	
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSIO	N# BURN XX	FRACTURE Z LACERATION	W.
5.) I have problem & that pill you gave me. I'm having problem & my usine.		^^_		SUTURES
all and all The				
pill you gave mos I'm having	()			
problem & my wine.	\ }-:{		1-5-8	
			JYA	
		}	(,)	
	/)		- /
	[f· (). · · ().	1	- / /\(. \	<i>\</i>
	\	1	11/11/	()
PHYSICAL EXAMINATION	21(J.)	5	///\	11
Skin warm & dry to touch UA dipstick normal	Tul 1	\mathbb{M} .	T. 1 X 1	(7)
Skin warm & dry to touch	w / // /	~.	w /	M:
UA dipstick normal	\ \ \\ \\ \\		1 (). (
			/··/ [\ \	·
)
				
				`
A) Alteration in comfort			Garage (D)	,)
11) HITCHOFTON IN WILLIAM			_	
ORDERS, MEDICATION, etc.				
P) M.D. to Review	· · · · · ·	·		
		· · · · · · · · · · · · · · · · · · ·		
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED		ONDITION ON SATISFACTO	N DISCHARGE	
2/8 /02 8 Jpm Staton		FAIR	☐ CRITICAL	
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	MO PATE C	ONSULTATIO	N	
Villing if 28/02 28/02 10 Mg/M	110 4/11/02/1	(10UV)		
PAT/ENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF E	IRTH	R/S AIS#	
Boyd, Courtney	20		BM 21892	(
NC 041 ORIGINAL - MEDICAL RECORD.	YELLOW - TRANSFER AGENT		**()	

Case 2:06-cv-00511-WKW-CSC Thocument 28-4 Filed 08/24/2006 Page 40 of 50

EMERGENCY/_____TREATMENT RECORD

	/ 	
DATE FACILITY OF THE		□ EMERGENCY
12/20/01 1246 AM OSIR OPOL OR	ESCAPEE 🗆	DOTHER
ALLERGIES NKA	CONDITION ON ADMISSION	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: FEMP 95 ORAL RESP. 20	PULSE 72 B/P ///	······································
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION# BU	RN XX FRACTURE Z LACERATION
5- My Chest Lucts"		xx SUTURES
warm et det seep helabored		
Radiater & pain		
PHYSICAL EXAMINATION A-attenation in corefort		Taw Wint
P-M) to Resieu		
		And Cam
ORDERS, MEDICATION, etc.		
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE		ON ON DISCHARGE FACTORY □ POOR □ CRITICAL
NURSE SIGNATURE DATE PHYSICIAN'S SIGNATUR	DATE CONSULT	
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	Bys, AIS#
GO CALL ON THEIR	WELLOW TRANSFER AGENT	7N-402180

Case 2:06-cv-00511-WHDY-CARTMENTPEOF8 CORRECTION Page 41 of 50

EMERGENCY/_____TREATMEN, RECORD

DATE TIME FACILITY S FCA	ton	☐ EMERGENCY
3/16/02 Sido AM OSIR OPOL DES	SCAPEE D	OTHER
	CONDITION ON ADMISSION	
ALLERGIES NKA	GOOD FAIR POOR	□ SHOCK □ HEMORRHAGE □ COM
VITAL SIGNS: TEMP 98, 5 PRECTAL RESP. 18	PULSE_76_ B/P_0	RECHECK IF
NATURE OF INJURY OR ILLNESS		<100 > 50
1 :	ABRASIONIII CONTUSION # BU	JRN XX FRACTURE Z LACERATION/ XX SUTURE:
S) Igot a spider bite or		
something about a week age"		
	ي تر	
		STA
	11 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	[/ // 57/
PHYSICAL EXAMINATION	1// 1. \\(/// _" \\/\
1 leave private been poted		411 115
to lawer abd. no drange	Sull 1 lw	aw / / hut
noted bump is in a houry area), { \ (\
	<i>}</i>	
New Maya!		("())
		1 () (
A.) Alteration in content		
ODDEDO MEDICATION		
ORDERS, MEDICATION, etc.		
DA RTC PRN		
<u>.</u>		
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED	TO DOC CONDITI	ON ON DISCHARGE
3/16/62 500 Em Staton	☐ AMBULANCE ☐ SATIS ☐ FAIR	FACTORY D POOR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSUL	TATION 1
(Jone Gal 3/16/03 B) Jany	MU 3/18/07 1	0.900)
PATENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
Boyd, Courtney	20	BM 212(8)
NC 041 ORIGINAL - MEDICAL RECORD, Y		12/2/80

Case 2:06-cv-00511-WKW-CSC Document 28-4 Filed 08/24/2006 Page 42 of 50 **Page 42** of 50

EMERGENCY/ SHCU TREATMENT RECORD

1	DATE TIME FACILITY S	CC DEMERGENCY
	3-/3-02 7:15 AM OSIR OPDL DE	
	ALLERGIES N/K A	CONDITION ON ADMISSION
	ODA!	GOOD FAIR POOR SHOCK HEMORRHAGE COMA
	VITAL SIGNS: TEMP 99.3 RECTAL RESP. 90	PULSE 81) Nogular RECHECK IF SYSTOLIC (100 > 50
	NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION
	Pain coming from my lift	xx xx SUTURES
'	les & shooting down	
	my lift arm -	
	0 1	
	PHYSICAL EXAMINATION ,	
Ī	D distances - a medical	Swil / lwr
	Anna Columbia	1 }, { \
	c ease-d	
		C G G G G G G G G G G G G G G G G G G G
4	C/o parm	
	ORDERS, MEDICATION, etc.	
,	No tx needed	
	<u>'</u>	
-	1	
-		
-		
-	DIAGNOSIS	
	NACTOOLS	
-	NSTRUCTIONS TO PATIENT	
	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERREI	
L	3/13/02 7 PM	☐ ☐ FAIR ☐ CRITICAL
	DATE PHYSICIAN'S SIGNATURE	(///////) 3/1//
	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#
	Bon of Contin	10
_	NC 044	20 B 217580

Case 2:06-cv-00511-WKW-CSC Document 28-4 Filed 08/24/2006 Page 43 of 50

EMERGENCY/ SHOW TREATMENT RECORD

DATE TIME	FACILITY	toton		□ EMERGENCY	
3-12-02 /= 4	M SIR PDL DE	SCAPEE		Û OTHER	
		CONDITION ON ADM	ISSION	· · · · · · · · · · · · · · · · · · ·	
ALLERGIES NKOA		#GOOD □ FAIR I	□ POOR	□ SHOCK □ HEMORRHAGE	□ COMA
VITAL SIGNS: TEMP 77 RECTAL	RESP. 20	DIVEE 80	P/D / 00	RECHECK IF	
	TICOT :		_ 6/P	<100 > 50	
NATURE OF INJURY OR ILLNESS		ABRASION/// CONTU	ISION# BL	JRN XX FRACTURE Z LACERATION	ON/
5 0/2 1/11 1/2	17 70			xx Z	SUTURES
S. 0/0 sharp pain	marie 9				
m (v) fort 1	aghe ling				
in a fort A up to a knee (c) Chert +	L , - :/		(=)V	
down (a) arm	started			JA	
drom (2) arm 1 5.10 mm = for dypnea, Righten	dines NV	(, ;	,)		
dynnea for	rest	Ι/λ Ι,	<i>(</i>		} \
heart brother	(7)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 ($I \land I \land I$	()
		1)/:\	()	1 / 1 / 1 /	1)
PHYSICAL EXAMINATION)(/ 1.)	11(// / \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(
1: mass squal		611	4	411 V	112
Di grapp i gent Show warm BBI en clen	r A	~ \\ \\ \) WV	W /\	Just.
BAI and	70 27). (\ (,	/	"
11 7 -		}			(
Heart Som ds	5, 5, 5 (2) (3) in	re)	/"{ }	1
RRR			<i>!</i>		1
the second secon) () (ν.		1
A: (3) side pa	7. etaln		//	<i>2</i>) 1	
V				hul V	7111,
ORDERS, MEDICATION, etc.					
n. W. T.					
P. Chitain Kecon	, EC /				
Du orde	1 Sheet				
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
RELEASE/TRANSFER DATE TIME	RELEASE/TRANSFERRED		CONDITI	ION ON DISCHARGE	
3 / 12 / 02 2 PM		□ AMBULANCE □	∰ SATIS	SFACTORY POOR CRITICAL	
	PHYSICIAN'S SIGNATURE		CONSUL		
13 Helms Com 312.02	19 Helms CR	3-12-02			
PATIENT'S NAME (LAST, FIRST, MIDDLE)		AGE DATE O	FBIRTH	R/S AIS#	
Doyd, Courtne	4	20		B/m 2/25	Yn 1
* '	RIGINAL - MEDICAL RECORD.		ENT	(1) 2/13	3 6

Case 2:06-cv-00511-WHOE-SATMENT-0F8 CORFIECTION Page 44 of 50

(OTHER)

TREATMEN) RECORD

EMERGENCY/_

DATE □ EMERGENCY **FACILITY SOTHER** SIR PDL C ESCAPEE D CONDITION ON ADMISSION **ALLERGIES** □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA RECHECK IF ORAL RECTAL VITAL SIGNS: TEMP SYSTOLIC <100 > 50 FRACTURE Z LACERATION/ NATURE OF INJURY OR ILLNESS ABRASION/// CONTUSION # BURN **SUTURES** PHYSICAL/EXAMINATION ORDERS, MEDICATION, etc. DIAGNOSIS INSTRUCTIONS TO PATIENT RELEASE/TRANSFERRED TO D DOC LI AMBULANCE RELEASE/TRANSFER DATE TIME CONDITION ON DISCHARGE ☐-SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL PHYSICIAN'S SIGNATURE DATE CONSULTATION NAME (LAST, FIRST, MIDDLE) AIS# ORIGINAL MEDICAL RECORD, YELLOW - TRANSFER AGENT

Case 2:06-cv-00511-WIDECSRTMENTHEOP8GORRECTIONS Page 45 of 50

EMERGENCY/_ TREATMEN' KECORD (OTHER) DATE TIME FACILITY STA □ EMERGENCY SIR PDL BESCAPEED D-OTHER CONDITION ON ADMISSION :DÍGOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA ALLERGIES / **ORAL** RECHECK IF VITAL SIGNS: TEMP RECTAL RESP. **SYSTOLIC** <100 > 50 FRACTURE_Z LACERATION/ NATURE OF INJURY OR ILLNESS ABRASION/// **CONTUSION #** BURN **SUTURES** YSICAL EXAMINATION ORDERS, MEDICATION, etc. DIAGNOSIS INSTRUCTIONS TO PATIENT RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED TO POOC CONDITION ON DISCHARGE ☐ AMBULANCE **G-BATISFACTORY** ☐ POOR ☐ FAIR ☐ CRITICAL PHYSICIAN'S SIGNATURE DATE CONSULTATION 4512 تويها ليولي (LAST, FIRST, MIDDLE) AGE DATE OF BIRTH AIS#

ORIGINAL - MEDICAL RECORD, YELLOW - TRANSFER AGENT

Case 2:06-cv-00511-WIDE CSQTMENINE 0128 2:06-cv-005

(OTHER)

EMERGENCY/___

_ TREATMENT RECORD

DATE OUR TIME FACH ITY		FUEDOENOV
3.75.7003	SCAPEE []	□ EMERGENCY
O'ACACA PM Dain DPDL DE	CONDITION ON ADMISSION	
ALLERGIES XX	Y ,	SHOCK HEMORRHAGE COM
VITAL SIGNS: TEMP S ORAL RESP.	PULSE TO BIP OU	/ 6 RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BU	IRN XX FRACTURE Z LACERATION/ SUTURE
S-T Am comiting I am Sick. I was in the Chapel and went to the Dathboom and threwup I am Still Sick to Uper Stomache. O-In make to Hold Contractor Confidence of Pain. Deny wall continuous taking on excessive swalldage or scaling tendernoss no swarding tendernoss over all goods travel sounds active grands reports passive onders, MEDICATION, etc. 1777 Tepots To longer with nauseo P-Charl to my desk		To deports Lear in Gilstation
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		ETC PRU
Ext lightly x 24 hrs.	Contop 11 CA	14 attanewords
RELEASE/TRANSFER DATE STAME RELEASE/TRANSFERRE	D TO DOC CONDIT	ION ON DISCHARGE SFACTORY
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	1 . 1.	LTATION
PATIENT'S NAME (AST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
Boyd, Courtney	20	201931
NC 041 ORIGINAL MEDICAL RECORD.	YELLOW - TRANSFER AGENT	P. (3) (1)



EMERGENCY

OT /15/05 TIME ORIGINATING FACILITY	APEE DEP	SICK CALL DEMERGENCY
ALLERGIES NKA	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 48.7 CORAL RESP. 20	PULSE 88 E	B/P // 0 /70 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS 5- 1 Body Chart D. MC' 1	ABRASION /// CONTUSION # BUR	RN XX FRACTURE Z LACERATION / Z SUTURE
5- " Dody Chart per DOC'N		
) The state of the		
	() ()	
	1 2 26	6 40
		5
		PROFILE RIGHT OR LEFT
		1 . 0 . 999
DIVOICAL EVALUATION	1/1 1/1/17	LANA MARA
PHYSICAL EXAMINATION - an hulated into En 3 diff		
ato + 3. Irw w/d to the touch,		
respo even et unlabored		RIGHT OR LEFT
injured natul to upper or lines	9000	
diff. I have distress noted.	ORDERS / MEDICATIONS / IV FLUIDS	S TIME BY
pueses strong & spasmes noted to back	P-1) Hap to rev	new
area o bruses noted, painful	2). Sich care	if hecess any
stimule roted to vestremities.		0
4-Body Chart		
Wat 172		
INSTRUCTIONS TO PATIENT		
DISCHARGE DATE 17 12 0.5 10 AM RELEASE TRANSFERRED O 7 12 0.5 AM PM RELEASE TRANSFERRED		FION ON DISCHARGE SFACTORY □ POOR □ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSUL	LTATION
INMATE NAME (LAST, FIRST, MIDDLE)	7-1205 DOC# D	OOB R/S FAC.
Broad Christin	208921	Bm Colmon



EMERGENCY

ADMISSION DATE TIME ORIGINATING FACILITY	2 MORE	
7 / 20/05 SCO PM ORIGINATING FACILITY SIR PDL DESC	APEE D	☐ SICK CALL ☐ EMERGENCY SOUTPATIENT
ALLERGIES NV A	GOOD FAIR POOR	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 982 ORAL RESP. OL	70	
NATURE OF INJURY OR ILLNESS	PULSE OF SOL	RECHECK IF SYSTOLIC <100>50
K KO morest. As del.	ABRASION /// CONTUSION # BUR	RACTURE Z LACERATION / SUTURES
Olasia Silla		
down and rues closed		
Description of disability		
ed Mixton & Chart state	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
hurting torant "20 mint	1 2 2	6 70
dand thus heled is pinning		
BP-Standing 124192 Pates		<i>Y Y</i>
he does not know what happen		
ed to him. Was found lying		PROFILE RIGHT OR LEFT
face down on the ground by		989
other inmotes no supling of	$1/\Lambda \Lambda V \Lambda \Lambda V$	AHA NHA
STOCKE STENOTOCOC		Man Jan San Jan Jan Jan Jan Jan Jan Jan Jan Jan J
O" PANULY PER PORCES 46	1-160	
annous inhibint by		`
District Cook when eyeld	-1/1/4 1/11	RIGHT OR LEFT
Dustites Doggodd La	0000	
inmores annoual	ODDEDO (MEDIO INC.)	
brighing modely when solad	ORDERS / MEDICATIONS / IV FLUIDS	TIME BY
ed to brook 2000 in inch		
Slows rend to out the off		
hypotensia notal. answers	Y.C	
alunions appropriately. Golden	R	
Conmands.	0	
DIAGNOSIS A-CICLONGILICAN IN ALLO		
H-CUHERATION in Walth Mounter	2010CQ	
DISCHARGE DATE TIME DELEASE / TRANSFERDED		
DISCHARGE DATE TIME RELEASE / TRANSFERRED TO SHAPE PM PM RELEASE / TRANSFERRED TO SHAPE THE PM THE PM	TO DOC - CONDITIO	N ON DISCHARGE ACTORY DPOOR
NURSES SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSULT.	□ CRITICAL
INMATE NAME (LAST, FIRST, MIDDLE)	1 1211/ 9-	
Ω	DOC# DO	B R/S FAC.
Dard Courdnour	asan	Rm Sland



Follow W

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Country Boyo	Date of Request: 7-5-05
Nature of problem or request: The	We a head of the first the same of the sam
	$\rho(v) = \frac{1}{2} \frac{1}{$
+ O See him three well fro	om 6/13/85, But I never did,
	They are
	Cololar Book
	Signature
DO NOT WRI	TE BELOW THIS LINE
Date: 7 / 6 /05	
Allergies: WKN AM PM)	RECEIVED
Tricigies. 10 K 1	Date: 1 (b) 00
	Time: 21 Am
	Receiving Nurse Intials
(6)	
(S)ubjective: I have a Rast My Back Huts.	on hath a
my back thuts.	a my coss
	5 . 6
0.0	
(O)bjective (V/S): $T: Y$	84 R: 20 BP: 100/40 WT: 169
CloBack of many	
Sensot Jam & 2000	s. wears a back brace, cloture
(A)ssessment: (CT of dis	in the court of the same that in
do itchin no com	In between thich wood.
do etching no open one	is noted. "Shen
alteration ar conf	Frequenty:
Chamber of on Orella	int: Back pan
Color of the color	
(3) No tream softing (3) Check seat feel (Contains to the second
Refer to MD/PA Mental Health Dent	al Daily Treatment Return to Clinic PRN
CIR	RCLE ONE
Check One: ROUTINE () EMERGEN	NCY()
If Emergency was PHS supervisor no	
Was MD/PA on call no	otified: Yes() No()
1,1	The live of
	All Market 1
	SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	
YELLOW: INMATE RETAINS COPY AFTER	NIIDCE INITIAL C DECEMBE



Follow up

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

my bottom Bunk pro	file for the 187	ee the zerode day ar M	n, SO T neve	ac my
hould brace profile. So	5 I will like ,	to have small	de reneuly	_0///
		Courty	The same of the sa	· · · · · · · · · · · · · · · · · · ·
DO	NOT WRITE BEL		Signature	
	NOI WRITE BEL	OW THIS LIN	E.	
Date: / /	See Control of Control			
Time: AM PM			CEIVED	
Allergies:		Date: 5/26 Time: 220	105 · · · · · · · · · · · · · · · · · · ·	lick
			irse Intials <u>AM</u>	Sich
(S)ubjective:				
(O)bjective (V/S): <u>T:</u>	P:	R:	BP:	w
(O)bjective (V/S): T:	<u>P</u> ;	<u>R:</u>	BP:	w
(O)bjective (V/S): <u>T:</u>	P;	R:	BP:	w
	P:	R:	BP:	w
(O)bjective (V/S): T: (A)ssessment:	P:	R:	BP:	W
	P:	R:	BP:	w W
	P:	R:	BP:	w Will
	P:	R:	BP: Show and list For Call 155 The Call 1	w Duit
(A)ssessment:	P:	R:	BP: Sharphy Sharphy	w W
(A)ssessment:	P:	R:	BP: Sharpell 15 Sharpell 15 Sharpell 15	W. W.
(A)ssessment: (P)lan:			Shar ing	Rest
(A)ssessment: (P)lan:	P: Health Dental Dai CIRCLE O	ly Treatment	BP: Return to Clin	Rest
(A)ssessment: (P)lan: Refer to: MD/PA Mental H Check One: ROUTINE ()	Health Dental Dai CIRCLE O EMERGENCY (ly Treatment NE	Return to Clin	Rest
(A)ssessment: (P)lan: Refer to: MD/PA Mental H Check One: ROUTINE() If Emergency was PHS	Health Dental Dai CIRCLE O EMERGENCY (ly Treatment NE) Yes () N	Return to Clin	Rest

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT